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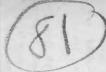
N. B.

RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13889 1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist.	No. 250
Village or City Mear Matthews. 2FULL NAME Mm & adas	St; Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male White Single, Married, Padows of Date of Birth Male Male 25 1831.	(Month) 17 1 HEREBY CERTIFY, That I at 10 1914, to 10 14 1 last saw have salive on Acceptance.	(Day (Year) tended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows: Office September 1. Contributory Old as 7	old
9 BIRTHPLACE (State or eountry) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (Stute or country)	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State	deaths from VIOLENT (2) whether ACCIDEN
(Interment) 2. Condendary (Address) Condendary (Address) 15 Filed Sec 9th 1914 l. B. Fairback	Where wes disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Constant Type Contraction of the place of the	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

a REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Huanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report auple: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogeuital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURBAU, V.S.

state should is OCCUPATION PHYSICIANS of PERMANENT classifled. properly NX UNFADING certifical 0 back 00 plain ATH in plain instructions EAT WRITE 0 FO mportant. Every Its

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:....Ward) a hospitat or institution. give its NAME tostead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH COLOROBRACE MARRIED, (Month) (Dav (Year ORDIVORGED (Write the word) 1 HESEBY (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, ST, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ____ yrs. ___ mos. ___ ds. State yrs. Where was disease contracted, It not at place of death? Former or usual residence. DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association,]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Ptanler, For many occupations a single word or term on the cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (relired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the misase causing death (the prima) affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Ilaemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenelascpsis, lctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIPAL, OF HOMICIPAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaegenital," "Seuile," etc.), "Dropsy," "Exhaustion," Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-(Recommendations on statement of etc. State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN

V. S. No. 1.

Village or City The Parie (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 294 St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWED, ORDIVORCED	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH See 36, 1914	17 I HEREBY CERTIFY, That I attended deceased from 191, to , 191, that I last saw h alive on, 191		
7 AGE (Month) (Day (Year) if LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Tallottle	Contributory Claur Paris Mos. ds. Contributory Claur Paris Mos. ds. Contributory Claur Paris Mos. ds.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) , whether Accidental, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs mos ds. State yrs mos ds.		
(Informant) The BEST OF MY KNOWLEDGE (Informant) Thomas References State (Address) State State (Ad	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed & RE 27 1917 Wan & Lowe REGISTRAR	20 UNDERTAKER JURORO ADDRESS MASSINGER		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the it should be used only when needed. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Never return "Laborer," Farmer (retired 6, yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (secondary or intercurrent) Never report



BINDING 0 0 ESERVE MARGIN

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. be pinous properly INKsupplied. pe UNFADING may certifical that it 20 jo back terms, pinous plain Instructions 5 EATH WRITE P. B. CAUSE OF Important.

State Very

PLACE OF DEATH 3892 STATE OF MARYLAND CERTIFICATE OF DEATH County_ Registration Dist. No. If death occurred is ..Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* Was OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, hu business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duratten) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State . Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?-Former or osual residence DATE OF BURIAL 15 20 UNDERTAKER

If more hlanks are needed, address State Registrar, 6 H. Franklin St., Balto., Requesting V. S. No. 1.

AQDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, cte. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the "Foreman,"

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PHYSICIANS should of OCCUPATION IS Village or City RECORD 2FULL NAME statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH classified. (Month) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of indostry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER terms, on back 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER of Information -13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE 14 THE ABOVE AS TRU See CAUSE OF Item (Address)..... -Every 15



STATE OF MARYLAND CERTIFICATE OF DEATH

A it	Registration Dist, No. 291
William No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Block Strate, MARRIED, WIDDATED ORDINGRED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Fear)	that I last saw halive on, 191
Januar and	The CAUSE OF DEATH * was as in lows:
stry, of in Saelon yer) Saelon	Contributory Secondary Secondary Contributory Secondary
Perry Cooper intry Talbott les.	(Signed)
aumin Kriby I alfot les	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
,1914 John Howales REGISTRAN If more blanks are needed, address State Registran	20 UNDERTAKER ADDRESS AND STANGER STANGER OF BURIAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mare symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent)



N. S. No.

N.B.

Every Item of Information should the carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT A WRITE PLAINLY, WITH UNFADING INK THIS IS

PLACE OF DEATH 13894

STATE OF MARYLAND CERTIFICATE OF DEATH

1 QA

CAL CERTIFICATE OF D (Month) REBY CERTIFY, That I att 191 to alive on alive on the date stated about the date stated about the was as follows:	(Day) , 191 (Year) tended deceased from [191
(Month) REBY CERTIFY, That I att, 191 to	(Day) , 191 (Year) tended deceased from 191 (191
(Month) REBY CERTIFY, That I att, 191, to	(Day) (Year) tended deceased from 191
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IRANS OF INJURY; and (2 OMICIDAL. ENCE (FOR HORPITALE, INSTES) In the) whether Acciden-
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[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industi; and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 State cause for



BINDING FOR RESERVED MARGIN

S. No. 1.

should state Exact statement of OCCUPATION is very PHYSICIANS PERMANENT EXACTLY. stated classified. UNFADING INK-THIS IS should carefully supplied. ACE sithat it may be properly certificate. DEATH in plain terms, so See instructions on back of PLAINLY, WITH Every Item CAUSE OF Important.

PLACE OF DEATH	13895
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STATE OF MARYLAND CERTIFICATE OF DEATH

Co	aunty — au Lui	Registration Dist.	No. 290
Vil	PULL NAME and Dill		[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	Ex. 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH Dee (Month)	(Day (Year)
6 D	Mouth) (Day (Year)	that I last saw h allve on Dee	tended deceased from
7 A		and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 6 4 s m
(a) (b) bus wh	OCCUPATION 1) Trade, profession, or articular kind of work.) General nature of Industry, siness, or establishment in showl. IRTHPLACE (State or country) (State or country)	Call Tarting (Duration) Contributory Cyc Secondary (Buration)	yrs mos di
PARENTS	10 NAME OF FATHER EMONY Delle 11 BIRTHPLACE OF FATHER (State or country) Valsot loo 12 MAIDEN NAME OF MOTHER HOUSE POPULACE OF MOTHER ACTUAL PROPERTY AND ALLES OF MOTHER OF M	*State the DISEASE CAUSING DEATH, or, is CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS; IN OR RECENT RESIDENTS) At place in the	n deaths from VIOLEN (2) whether Acciden
	OF MOTHER (State or country) Talfot 68 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 6 moy Dell	of deathyrsmosds. State Where was disease contracted, If not at placa of death? Former or usual residence	
15	(Address) Osmon mo	20 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no ocenpation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housenaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive. engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of ocenpa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic genital," valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State canse for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tetunus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE e carefully supplied. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

PHYSICIANS should state of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate.

13896 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

lif death occurred in a hospital or institution, give its NAME instead of street and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day (Year)
Month (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from SCC / C . 1913 to Scc / S . 1914, that I last saw h alive on 4 1914
7 AGE If LESS than 1 dayhrs. 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 5, 200 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER Pulliann Flutharty 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER 14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (Informant) Profession, or particular discountry of the particular of the particular discountry of the particular of the particular discountry of the particu	(Signed)

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20 UNDERTAKER

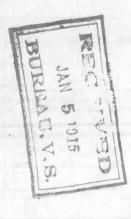
If more blanks are needed, address State Registrar, 6 E. Franklin St., Paito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very Important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Satesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgcuital," "Senfle," etc.), "Collapse," "Coma," "Convnisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetunus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred la St.:....Ward) a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED! ORDIVORCED (Month) (Dav (Year HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at /2, 254m 1 day,hrs. OR 7 GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... Dames 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. mos. State yrs. ____ mos. __ Where was disease contracted. if not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto,/Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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should state 10 OCCUPATION PHYSICIANS 0 statement PERMANENT EXACTLY. classified. pe o THIS properly INK supplied. pe may = that 80 of terms. should uo piain Instructions Information = jo 0 OF mportant. Every It

ACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX MARRIED. WIDOWED, ORDIVERCED Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than 1 dayhrs. OR mio. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) 12 MAIDEN NAME 4 OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. if not at place of death? usuai residence. 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.; Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

(Month) (Dav) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the ____ yrs, mos. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is we important. See instructions on back of certificate.	
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1 PLACE OF DEATH Tall 1 - 13899



STATE OF MARYLAND CERTIFICATE OF DEATH

County	201
On of	Registration Dist. No. 291
Village or City Manual (No	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Keturale 8	etve its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferred 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Mynth) (Day (Year)	that last saw h wallyoon We - 2/ 1914
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at
yrs 8 mos ds 0R min ?	The CAUSE OF DEATH * wastas follows:
B OCCUPATION TO S. OR. Min. ?	Broules Pheumoma
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country) Tally	Secondary Durate Durate Comments
10 NAME OF J. Elier Ha Daira	(Signed) 1, B. Selle, M. D.
11 BIRTHPYACE OF FATHER (State of country) 7 Columbia	de 27, 1914 (Address) ST Michaels
Z 12 MAIDEN NAME 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
fluid forces	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) / Olling	At place in the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) (Cleary to obou	Former or usual residence
(Modress) Warilta	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Heavens med Dec 23, 1914
Filed alec 22, 1914 John Huwales Bocal REGISTRAR	Two he could not hay now
THE STRAR	undertakes not hay neavelle mo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobite factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvatvular heart disease; Chronic interstitiat nephritis such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lujury, as fracture of skull, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-acciby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of etc. State cause for For vio-



V. S. No. 1.

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

Village or City Easton 2nd (No. Grunge	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 [it death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED MARRIED MODEL OR DIVORCED OR DIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov. 22 1917, to Alex 18 1914, that I last saw have alive on Alex 18 1914.
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/431@mm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 2. 7. ds. Contributory Secondary (Duration) yrs. mos. ds.
FATHER FATHER 11 BIRTHPLACE OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or osual residence.
Filed DEC. 19, 1914 J. B. Hairbank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Polto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Duy laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Brouchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Puerperal peritonities," etc. State cause for tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For VIO-

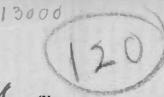


S. No. 1.

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

..Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 St	4 COLOR OR RACE MARKIET, WIDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D/	(Month) (Day (Year)	that I last saw her alive on Nee 28, 1914,
TAC	(2017)	and that death occurred on the date stated above, at 630 Qm, The CAUSE OF DEATH* was an follows:
(a) par (b) bus	Trade, profession, or House Response Titcular kind of work. General nature of industry, ness, or establishment in the amployed (or employer)	bouh 2 yes (Duratton) yrs. mos. ds.
9 81	RTHPLACE (State or country) Mary Least	Contributory Secondary
10 NAME OF FATHER SAMES Green Hours 11 BIRTHPLACE OF FATHER (State or country) Mary-lund		(Signed) Caul C, M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Accident
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALR, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
	Informant) hos. Lecoupt	Where was diseasa contracted, If not at place of death?
15	(Address) Royal Cenk nach	Foyal Quek Md Dec 30, 1914.
File	20 Del 29, 1914 Mary n-Deleuy	20 UNDERTAKER ADDRESS LEW & Keliner Royal Courned
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms. s Important.

Village or City Lighman (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 294 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME Infant - a	Still with "of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale Shito Single, MARRIEO, Whower, ORDINORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, alend 29cm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Placents Praeria () mother) (Full Cerm) (Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Jalon Co	Contributory Secondary (Duration) yrs mos ds.
OF FATHER John a. Lowery 11 BIRTHPLACE OF FATHER (State or country) Lelphone Ind 12 MAIDEN NAME OF MOTHER Annie M. Jackson	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Willyan McCo-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
(Interment) July a . Lowery	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Letyling me 16 Filed 22031, 191 4 9.7 Jackson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN ADDRESS
Local REGISTRAR	Ul Spanos Mucharlohu

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each aud every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits ean be known. The question Statement of occupation-Preeise statement of oecupa-Spinner, If retired from business, that faet may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease ean be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



S. No. 1.

Exact statement A PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s Important. m. ż

PLACE OF DEATH 13902 PHYSICIANS should state of OCCUPATION is very 4 DEATH in plain terms, so that it m See instructions on back of certificate. 14 1

STATE OF MARYLAND

County Talbot	CERTIFICATE OF DEATH Registration Dist. No. 290	
Illiage or City Esstow and Commoney of a Full NAME Elizabeth me	Emerogeney Toopstal St.; Ward) [If dealh occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jewale Whole (Write the word)	(Month) (Day (Year)) I HEREBY CERTIFY, That I attended deceased from	
DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on Dre 9 1914	
AGE If LESS than 1 day,	and that death occurred on the date stated above at 20 mm. The CAUSE OF DEATH* was as follows: Thoughton of Secral metalius due	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	to adherius fine a former abdonium operation,	
which employed (or employer) BIRTHPLACE (State or country) Carpline Cop	Contributory Several Peritoritis Gaugna Secondary 15 miches & Jut (Ouration) yrs mos 6 ds	
11 BIRTHPLACE OF FATHER (State or country) lengthrown	(Signed) Clas. Louben , M. 0 12/10/14, 191 (Address) Caston Med *State the Disease Causing Death, or, in deaths from Violence Causes state (1) Melves on Lyller, or, in deaths from Violence	
13 BIRTHPLACE OF MOTHER (State or country) Lawrence 13 BIRTHPLACE OF MOTHER (State or country) Lawrence	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds	
(Interment) The Best of MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence	
(Address) Toldsboro md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. mine, etc. Women at home, who are engaged in the additional live is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal schickae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for maligtctanus) may be stated under the head of (Recommendatious on statement of cause for



BINDING FOR RESERVED MARGIN

a2

4 S UNFADING INK-THIS WITH PLAINLY.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. stated classified. pinous properly AGE supplied. of certificate. carefully that It 80 DEATH in plain terms, See instructions on back should of Information WRITE CAUSE OF I N. N

3 SEX

7 AGE

PARENT

15

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address) --

(Informant)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishmen! In which employed (or employer)

13903 1 PLACE OF DEATH County. Village or City

PERSONAL AND STATISTIC

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STATE OF MARYLAND CERTIFICATE OF DEATH

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2FULL NAME.....

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AL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
5 SINGLE, MARDICOT WINDWED, OSDIYOSCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I a	(Day (Year)
(Day (Year)	that I last saw here allive on and that death occurred on the date stated all	2/8, 1914. 17, 1914 pove, at 7 As m.
os	The CAUSE OF DEATH* was as follows:	
T-leo	Secondary	hut mos 7 ds.
newsam fr.	(Signed) (Si	M. D.
for Go	*State the DISEASE CAUSING DEATH, or, IT CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	STITUTIONS, TRANSIENTS,
of My Knowledge Z. Newmann fr.	Where was disease contracted, If not at place of death? Former or usual residence.	
Sowe Med	20 UNDERTAKER	PATE OF BURIAL
REGISTRAR c needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. N	maranie

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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ACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ... Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw he (Month) (Day 7 AGE tf LESS than and that death occurred on the date stated above, at // 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or Cerabeland nephrades particular kind of work. (b) General nature of industry. business, or establishment in (Duration) 2 yrs mos which employed (or employar) 9 BIRTHPLACE (State or country) Contributory__ Secondary (Doration) -10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. __ _ ds. State _ ____ yrs, ____ mos. _ Where was disease contracted. 14 THE ABOVE IS If not at place of death?-Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or iudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If rethred from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causatton), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "I'UERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS

(Interment)

(Address)

(State or country

should

WRITE

PLACE OF DEATH 3905 County-PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE If LESS than t day,....hrs OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF I	DEATH
16 DATE OF DEATH Die	19 1915
(Month)	(Day (Year)
17 I HEREBY CERTIFY, That I at	ttended deceased from
Dec / 8 1914 to De	2/9 ,1914
. De	110 5
that I last saw have alive on.	
and that death occurred on the date stated at	ove, at 3 A . n
The CAUSE OF DEATH* was as follows:	-
Intestinal Stoh	eroToran
George at Charles	Cittle west
1 Oastan D	T.
- frameout out	M. Miras S.
(post mortin (Duration) fru	yrs. mos d
Secondary Party (Duration)	yrs mos d
(Signed) Lows H. K	ett u
Del1, 191/ (Address) / 2	Daniel Su
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	deaths from Violen (2) whether Acciden
Where was disease contracted,	STITUTIONS, TRANSIENT
If not at place of death?	2 2 phonon and seems announced that a seem have a seem
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
Solarbonne de	9-LL 20, 1912
20 UNDERTAKER	DDRESS
Sally alderda	01.
11. 11. 11 COUNTY OF	TXOULTER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT FOR BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. S. No. 1.

N. B.

Village or City County 2 No. 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR BACE MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Deceased from 1914, to Deceased from 1914,
TAGE If LESS than f day, hrs. Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which a particular kind of work.	and that death occurred on the date stated above, at 240 Q m, The GAUSE OF DEATH* was as follows:
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Dec 3. 1914 19 Jan Dan Dan Dan Dan Dan Dan Dan Dan Dan D	Contributory Cotte Maufflewinty Secondary (Duration) 3 yrs 0 mos ds. (Signed) Complete State Man Dental State of the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Soutcidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS.

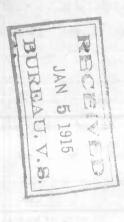
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[Approved by U. S. Census and American Public Health Association.]

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state IANS should a 5 classified. properly supplied. pe may 0 0 terms, n back Instructions plai = of Inform DEATH OF Every Item CAUSE OF Important.

PLACE OF DEATH 12907 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED hodowso ORDIVERCED (Write the word) (Month) DATE OF BIRTH (Month) TAGE It LESS than t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF EATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL REMOVAL DATE OF BURIAL 15

Ilt death occurred in

a hospital or institution. give its NAME Instead of street and number. 1

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION IS RECORD RMANENT pinous AGE UNFADING may that 80 2 DEATH OF Item Every ite

state

STATE OF MARYLAND 1 PLACE OF DEA CERTIFICATE OF DEATH Registered No lit death occurred toWard) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day, /.6. hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs, mos. .. Where was disease contracted. KNOWLEDGE it not at piace of death? Former or usuai residence Important. DATE OF BURIAL 15 20 NOERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Regresting V. S. No. 1.

S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gaiufuliy employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—In a fection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: chiidbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resuiting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

JAN 5 1915 BURMAU, V.S.

S. No. 1.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important. N.B.

13909 1 PLACE OF DEATH

STATE OF MARYLAND

County Jollof	Registration Dist. No. 290
Village or City Entra Ind (No Pull NAME Granic Ona	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Dee 28, 1914 (Month) (Day (Year)
B DATE OF BIRTH (Month) (Day (Year)	that I last saw har alloe on De 2 14 th 1914
TAGE If LESS than f day,hrs. OR min.?	and that death occurred on the date stated above, at 3/0 /2, m. The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributor Sately greature 4 Blog.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Jaffoh Con	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted.
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or osual residence
Flied Que. Q.9. 1914 J. B. Fyiltundo REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12 June 1914 2 June 19
Qual riegistran	funda a Nelman Caston ma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day luborer, Farm luborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locumotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease.) Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genital," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Mcastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PERMANENT BINDING FOR THIS INK RESERVED UNFADING MARGIN WITH PLAINLY.

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PHYSICIANS should state of OCCUPATION is very RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WICOWED, Col OROIVORCEO (Write the word) Exact stated 8 DATE OF BIRTH classified. (Month) (Day) (Year) be 7 AGE It LESS than pinous 1 day,hrs. OR min. ? properly BOCCUPATION AGE (a) Trada, profession, or particular kind of work (b) General nature of industry. supplied, pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER of back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should 0 12 MAIDEN NAME piain OF MOTHER See Instructions information 13 BIRTHPLACE 드 OF MOTHER (State or country) of inform DEATH 14THE ABOVE IS TRUE TO THE CAUSE OF I 15 8 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

fit death occurred in

blate som &R	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
, 191, to	, 191,
that I last saw h alive on	, 191
and that death occurred on the date state	ed above, atm,
The CAUSE OF DEATH* was as follows:	
Litt bon	***************************************
and porter.	***************************************
no sugar	ua.
(Duration)	yrsmosds.
(Secondary)	••••••••••••••••••••••••
(Signed) E. R. Su	yrsds.
(Signed)	the IXO, NO.
, 191 (Address)	
*State the Disease Causing Death, o Causes, state (1) Means of Injury; 8 tal, Suicidal, or Homicidal.	r, in deaths from Violent and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITAL	S, INSTITUTIONS, TRANSIENTS,
At place in the	
of death yrs mos ds. State Where was disease contracted, if not at piace of death?	yrs, mos ds.
Former or	***************************************
usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	
	ADDRESS
Henre Cosper	Offnel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second (a) Spinner, It should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciature of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head Injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for chlidblrth or miscarrlage, as "Purperal septichaecause. Always qualify all diseases resulting from LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: For Vio-



BINDING RESERVED MARGIN

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of Information should be carefully supplied. AGE should be si DEATH in plain terme, so that it may be properly classified. See instructions on back of certificate. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be CAUSE OF DEATH in plain terme, s Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[It death occurred in a hospital or institution, give its NAME Instead

2FULL NAME Tot name	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Whole Springer Of Strate Windles, Wilder, Wilde	18 DATE OF DEATH See 27, 191 4 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Grolonged Rober
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
State or country) pulleur o Country)	Secondary (Dyation) yrs mos ds,
M TATHER William Still	(Signed) 1 1 Hadres) Coalming. M.D.
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Talbar Cs hid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, it not at place of death? Former or usual residence
Flied DEC. 28 1914 7 B. Hairbank	19 PLACE OF BURIAL OR REMOVAL Mathewatoure 20 UNDERTAKER ADDRESS
TO CAL REGISTRAR	William Stelle Halherychie, Wedherston

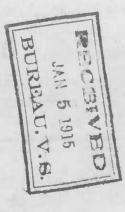
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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PERMANENT RECORD 2 THIS UNFADING INK PLAINLY, WITH WRITE Every CAUSE Importa

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	9/11- 10010	CERTIFICATE OF DEATH
Co	ounty Tallor	
		Registration Dist. No. 293.
V	FULL NAME PLANTE	St; Ward) [It death occurred is a hospital or Institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Security 20, 1914 (Month) (Day) (Year)
110	(Write the word)	17 I HEREBY CERTIFY, That I sttended deceased from
6 D/	ATE OF BIRTH	191 to See 26 1914.
	(Month) (Day) (Year)	that I last saw halive on
7 AG	SE GITE CONSTRUCTION IT LESS than	and that death occurred on the date stated above, at 900 9 m.
	yrs	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or	3rd morelly, Mother in
(b) busi	General nature of Industry, ness, or establishment in ch employed (or employer)	the 19th (Duration) yrs. mos. ds.
9 81	RTHPLACE (at employer)	Gontributory (Secondary)
	10 NAME OF FATHER SELECTION OF SELECTION	(Signed) (Si
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME MOST BUTTERS	TAL, SUICIDAL, OF HOMICIDAL.
а.	13 BIRTHPLACE OF MOTHER (State or country) Carolina Co.	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death
	Informant) J. Lemuel Stewart	Where was disease contracted, If not at place of death? Former or usual residence
	Cordona, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH

yrs. mos.... or, in deaths from VIOLENT and (2) whether Acciden LLS. INSTITUTIONS, TRANSIENTS DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

alt should be used only when needed. As examples: ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore au essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for cblldbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemla" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WITH UNFADING INK-THIS IS A WRITE PLAINLY,

PLACE OF DEATH 13913 County Scellul	STATE OF MARYLAND CERTIFICATE OF DEATH
Q.1 \	Registration Dist. No. 24 x [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE O yrs O mos O ds. OR O min. ? 8 OCCUPATION (a) Trade, profession, er particular kind ef work	snd that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Presch fresculation at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Southort	(Duration) yrs mos ds. Contributory forms on unbelicate (Secondary) (Secondary) yrs mos Associated (Duration) yrs mos Associa
10 NAME OF FATHER ELLING Sullivan 11 BIRTHPLACE OF FATHER (State or country) Salbot Co 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Si
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mcs. ds. Where was disease contracted, if not at place of death?
(Informant) (Address) Canfind him Filed Dec 7, 1914 Montholo Def REGISTRAR	Former or usual residence. 19 place of Burial or REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ME Musy and Stra Chard MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinetaus disease death.

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 State cause for "Exhaustion," Examples: d8.:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1915 BUREAU, V.S. FOR BINDING RESERVED MARGIN

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OCCUPATION IS should PHYSICIANS Jo statement PERMANENT classified. should UNFADING INK-THIS properly supplied. pe may that it mi 0 0 WITH terms, on back LO PLAINLY, plain DEATH in plain WRITE See OF Important. Every Ite

state Very

3 SEX

7 AGE

PARENTS

BOCCUPATION

(a) Trade, profession, or

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

1 PLACE OF DEATH	1391	4	FA
county of Salbol			01
Village or City Oast	ow	No	and the same of th
	00		!

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 490
St.;Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
ATH DEC.	29 , 1914 (Day (Year)
HEREBY CERTIFY, That I a	ttended deceased from
25 1914, to DEC	29 ,1914
in allveon DER	
ccurred on the date stated a	bove at 2104. m
DEATH* was as follows: ales of age	a nippe
Hyporlale	Preniumi
s. Il Doub 1914 (Address) Cas	yrs mos ds
DISEASE CAUSING DEATH, or, I (1) MEANS OF INJURY; and or HOMICIDAL.	n deaths from Violent
RESIDENCE (FOR HOSPITALS, IN SIDENTS)	STITUTIONS, TRANSIENTS

*State the I CAUSES, state TAL, SUICIDAL, 18 LENGTH OF

	At place		In the			
	of death yrs mos	ds.	State	yrs	mos	d
ļ	Where was disease contracted,					

If not at place of death?

ot me	LOL			
suai	resid	ence	 	

DATE OF DE

that I last saw h

and that death o

The CAUSE OF

Contributory Secondary

(Signed)

Easton		12/3/
20UNDERTAKER	11	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

George W Tow PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIEO, Hadring ORDIVORCED (Write the word) 6 DATE OF BIRTH If LESS than 1 day hrs.

particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE

15

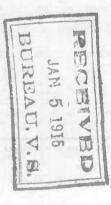
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Honsemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cangenital," ample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



F. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Jalua 13915	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 242
Village or City Trappy (No. 1)	St.; Ward) [it death occurred in a hospital ar lastitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE Single; Surgle MARRIED, WIGOWEG, OR OLORORED (Write the word)	(Month) (Day) (Year) 17
(Month) (Day) (Year)	that I last saw h alive on
TAGE SLEEL VORW if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATHY was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	prepare frue prepare gevole (Duration) yrs. mos. ds.
© BIRTHPLACE (State or country) Md	Contributory (Secondary) (Duration) yrs mos s.
10 NAME OF Charles D. Townsend	(Signed) Villiam & Segmon, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother amie M. Hoyes	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Rausa	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Auric To the BEST OF MY KNOWLEDGE	If not at place et death? Former or usoal residence.
(Address) Trappe	Onurely fd at Bamber Date of BURNAY, 1914
Filed Nee 187, 191 Poly Conduction REGISTRAN	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the dibrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Sbock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maile-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Measles (disease causing death), 29 ds.; Always quality all diseases resulting from (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples:



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH
County Tallot 3916 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29/

Village or City Mu	ante (No.	The second of		St.;	.Ward)
	let.	5	0	11	

Fit death occurred in

	FULL NAME / Totie E,	ratte and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	GE Day (Year)	that I last saw has alive on the result of t
80	yrs S mas / / ds 1 day, hrs. OR min, ?	The CAUSE OF DEATH* was as follows:
(b) bus wh) Trade, profession, or ricular kind of work.) General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Whoshing Course.
ARENTS	10 NAME OF FATHER Clas Q, Watte 11 BIRTHPLACE OF FATHER (State or country) Bellium 12 MAIDEN NAME	(Signed) (Suration) (Suration) (Signed)
14 7	of Mother auna Belle Cocher 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
16 Fil	(Address) Waritte, Zu, 10d Dec 31, 1914 John Howales Decal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL PROVITE AND DATE OF BURIAL Dec 30t, 1914. 20 UNDERTAKER Hather Child ADDRESS who owes for Cat efficiency and Marville and had no credit for this one
1	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

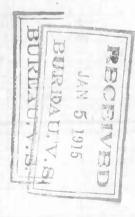
V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer it should be used only when needed. As examples: of persous engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as eause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL perilonilis," etc. State ehildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. "Contributory." schsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of cause for For VIO-



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PERMANENT EXACTLY.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 292 Ilf death occurred la Ward) a hospital or Institution, give its NAME instead of street and number. 1 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. WIDOWED. (Month) (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmant in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER

At place		tn the			
of death yrs mos	ds.	State	VIS.	mos.	1
Where was disease contracted.			, -,		ľ
If not at place of death?					
Former or					

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

usual residence

[Approved by U. S. Census and American Public Health Association.]

*statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate. WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 14075	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Offord Mid (No. ,	Registration Dist. No. 292 St.; Ward) [tf dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MES WIDOWED PRANTIED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
6 DATE OF BIRTH (Month) (Day) , 1 (Year)	that I last saw h alive on 191, 191,
7 AGE (Would 3 5 yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or Housewife (b) General nature of Industry business, or establishment in which employed (or employer)	Gastritis (Buratlon) yrs. mos. 4 ds Contributory
State or country) Jallot Country Md 10 NAME OF FATHER 110 NAME OF THE MENTANDER 110 NAME OF THE MEN	Secondary (Buration) (Signed) N. D. Michola Dep Local Registrar No
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUGES, state (1) MEANS OF INJURY Jund (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ASEPTA MILLSON, Must and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Address) 15 Filed Address) 1815 Address Manual	19 PLACE OF BURIAL OR REMOVAL Loy Town 20 UNDERTAKER M. P. Newmann & Offard md

[Approved by U. S. Census and American Public Health Association.]

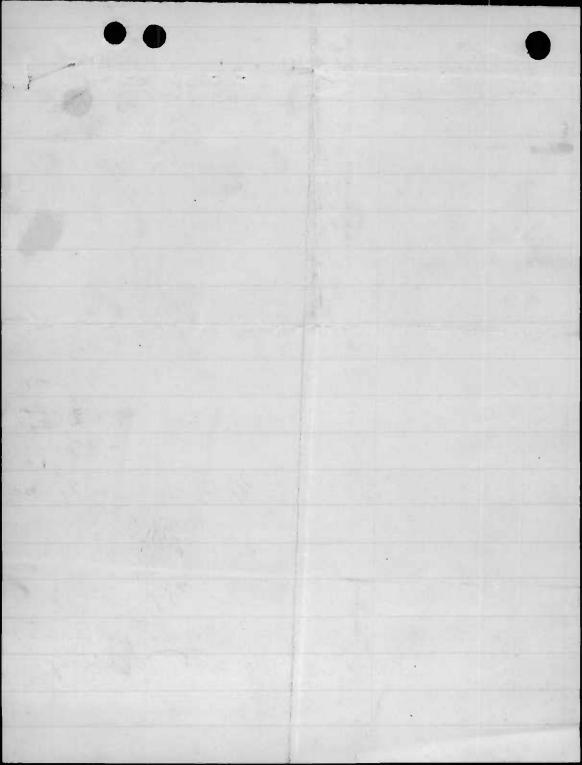
E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housewrite None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by Struck by railway train-accident; Revolver wound birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the nius," "Old Age," "Shock," "Uracinia," "Weakness," genital," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," "Senile," etc.), (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere



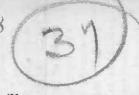
Oxford, Md., Jeh 4 1915 In the molter of The death the following witnesses examined Do Rolph Hoyt and Jaseph Helsen. from whose testimony I decided an inquest unnecessary you are here by disceted a Junish death certificate Ju same M. T. Maris, JO. acting Covorer. This Dec 9/14 Course of death a conti Qualitis hich 4 1 days



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 13918



STATE OF MARYLAND CERTIFICATE OF DEATH

·	Registration Dist, No. 794
Village or City Mean Traffe (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 5 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Supt 10 , 1887. (Manth) (Day (Year) 1 LESS than 1 day,hrs.	that I last saw have alive on Dec 30 1914 and that death occurred on the date stated above, at 8 400 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Henriplique. (Duration) yrs mos M ho
OBIRTHPLACE (State of country) Pelbot Co Sud	Contributory Secondary (Doration) 2 yrs mos 65. (Signed) 10 Co se , M. D.
11 BIRTHPLACE OF FATHER (State or country) Vallet 60 2nd 12 Maiden Name OF MOTHER Manager Augus Includio)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Palbri Co Sud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the ot death
(Intermant) John A Arlson (Jar) (Address) Traffe and Filed Dels 20 1914 Joyla Comban	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 28 UNDERTAKER DATE OF BURIAL 28 UNDERTAKER ADDRESS
If more blanks are needed, address State Regi	strar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



MARGIN

S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every item of information should be CAUSE OF DEATH in plain terms, so N. B.-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 293,

-Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH See 2 , 191 (Month) (Day (Year
DATE OF BIRTH See 2 19	our ble with May north
(Month) (Day (Year) AGE Still-low It LESS that 1 dayhr	and that document of the date stated above, at
OCCUPATION (a) Trade, protession, or	I INS CAUSE OF DEATH* Was as follows:
particular kind of work	(Duration) yrs mos.
BIRTHPLACE (State or country) Condora	Contributory Secondary (Dydion) yrs mos
11 BIRTHPLACE OF FATHER (State or country) Tallon 12 MAIDEN NAME TO STATE OF MOTHER OF MOTHER TO STATE OF M	(Signed) La Condona W
12 MAIDEN NAME Ellet Welson	*State the DISEASE CAUSING DEATH, or, in deaths from Violicauses, state (1) Means of Injury; and (2) whether Accided tal, Suicidal, or Homicidal. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrsmos ds. Stateyrsmos
(Informani) Ethel Wilson.	it not at place of death? Former or usual residence.
(Address) Cordova, Md.	Old Chapel 12-3-,191
Filed 12 2 1914, J. L. Landner Gocal PRESISTRAN	Hugh Milson Cordova, M

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report



PERMANENT UNFADING INK-THIS PLAINLY, WITH

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Important. N. B.

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County	Talbal	700001	
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STATE OF MARYLAND CERTIFICATE OF DEATH

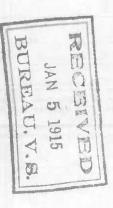
	0 -4	Registration Dist. No.
V	illage or City Euston (No	St.; Ward) [If death occurred lo a hospital or institution,
	* FULL NAME Robert It vol	give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	**Male Color or RACE Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 0	NOV 19,1914	Sur after beath 1914.
7 A	(Month) (Day) (Year) GE If LESS than	that I last saw h alive on
	yrs. mos. 13 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Frade, profession, or ricular kind of work.	Conrulaions
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. / 4 ds.
9 8	RATHPLACE tate or country) Maryland	Contributory (Secondary) (Duration) vrs. mos ds.
S	10 NAME OF Seo, Russell Hoolfor	(Signed) 77 2 Talue, M. D. (Address) Eastan Red,
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
14-	(Informant) Published Wood Gord	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Caslon M. 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12 3 , 1914
FII	Local REGISTRAR	Colins L. Frampton Easton Mo
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 de.; Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of __ (name origin; "Can-Examples:



BINDING C Œ 乙一切で

	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state: OCCUPATION is very important. See instructions on back of certificate.
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	-Every item of information should be carefully supplied. AGE should be state should state CAUSE OF DEATH in plain terms, so that it may be properly cloccUPATION is very important. See instructions on back of certificate,
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CIANS nent of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 797 If death occurred in Village or City .(No.... St.:.....Ward) a hospital or institution. give its NAME instead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 191 WIDOWEO (Month). (Day) (Year) OR OIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h ... alive on (Month) (Day) (Year) 7 AGE If LESS than 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min.? 8 OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) PARENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER (State or country State. _____yre. ____mos. ____ds. of death yrs.mos. ... Whera was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST if not at place of death?... Former or usual residence DATE OF BURIAL (Address) 15 ADORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemun, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Aecidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichacnia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H. emorrhage," "Inanition," "Warasmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from child-"Anaemia" chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Careinoma, Sarcoma, etc., of symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of nia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-



V. S. No. 1.

		YSICIANS atement of
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		. B.
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	PLACE OF DEATH 13016	STATE OF MARYLAND CERTIFICATE OF DEATH
County	, Javes	Registration Dist. No. 24%
Village	or City (No. ,)	Clf death accurred in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OIVORCEO (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
6 DAT	\$ 10 J 1914	, 191, to , 191,
11	(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGE	yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
(a)	Trade, profession, or cular kind of work	Que for
. busin	General nature of industry less, or establishment in h employed (or employer)	(Buration) yrs. mos. de
9 BIR	State or country)	Secondary Secondary
	10 NAME OF FATHER John Warsh	(Signed) (Si
ENTS	11 BIRTHPLACE OF FATHER (State or country) State of country)	*State the DISEASE CAUSINO DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
PARE	12 MAIDEN NAME May Army Wh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) States was	OR RECENT RESIDENTS) At place In the Of deathyrsmosds. State,yrsmosds Where was disease contracted,
	informant) The BEST OF MY KNOWLEDGE	if not as place of death?
	(Address) erfora ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	Jan 1 195 T. D. Richsla	20 UNDERTAKER ADDRESS
	Debnty Frank REGISTRAR	M. E. Newsan & Bro Wyfard MA
0	/If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -('oal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Publicenal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic vulvular heart dixease; Chronic interstitiat ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" Example: Measles (disease eausing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere "Atrophy," ("Con-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City New Traffe (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 292 [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale Color or RAGE Single, Widowed, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 hereby certify, That I attended descased from
Onte of Birth See 13 (Month) (Day (Year)	that I lest saw h! allowon 1914.
7 AGE Still-Array If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 1 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds.
(State or country) Talboe Co, - had	Secondary (Ouration) vrs mos ds
11 BIRTHPLACE OF FATHER Moderar Young 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MARKET 12 MAIDEN NAME OF MOTHER Market Clean Mallen	(Signed) Oce 13 , 191 D (Address) *State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicipal, of Homicipal.
13 BIRTHPLACE OF MOTHER (State or country) Vallor Go Sud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the ot deathyrs,mos,dsds.
(Informant) Snodecae . Young - (Address) Baston Sud	Where was disease contracted, tf not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dee 13 1, 1914 Joseph Coro Sunt	Men Easter Sud - Dec 14th, 1914 20 UNADORESS Modelew. Jonna. Gradow End

If more blanks are needed, address State Registrar, 6 E. Franklin St., De to., Requesting V. S. No. 11

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a dcfinite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

